

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025508

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 10

FILED JUN 17 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Home HOSPITAL OR INSTITUTION <b>St. Joseph's Carmelite</b>		d. STREET ADDRESS <b>714 N. Fifth St.</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Elizabeth</b> Middle <b>M.</b> Last <b>Thro</b>		4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 13, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (last birthday) <b>81</b>
11a. FATHER'S NAME <b>Adam Schmitt</b>		11b. MOTHER'S MAIDEN NAME <b>Appolonia Eberle</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
13a. NAME OF DECEASED <b>Elizabeth M. Thro</b>		13b. NAME OF HUSBAND OR WIFE <b>Edward H. Thro</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. INFORMANT <b>Mr. Raymond Thro, St. Charles, Mo.</b>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>arteriosclerosis</b>		DUE TO (c) <b>hypertension</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arteriosclerotic heart disease and atrial fibrillation</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Charles, Mo.</b>
21. I attended the deceased from <b>May 8, 1963</b> to <b>June 12</b> and last saw her alive on <b>June 1, 1963</b> Death occurred at <b>3:45 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Martin B. Sweller</b> (Degree or title)	
22b. ADDRESS <b>207 N 5th St. St. Charles, Mo.</b>		22c. DATE SIGNED <b>June 13, 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jun. 17, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 14 63</b>	26. REGISTRAR'S SIGNATURE <b>Mabel J. Swallow Dep</b>

JUN 26 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles J. Macke*

Licensed Embalmer No.

*4530*

P. O. Address

*St Charles, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.